joint interests of the State, the unemployed, and the medical profession. Also, it is an admirable way of trying out and learning to what extent the medical profession can give medical relief to low- or no-bracket income citizens, without the intervention of lay bureaucrats to tell physicians how they must perform their medical work. Whatever disciplinary supervision may be needed on matters medical, from the standpoints of both scientific and economic medicine, will be handled, not by lay supervisors, but by subcommittees of medical men appointed by the Los Angeles County Medical Association.

EDITORIAL COMMENT*

THYROID THERAPY AND SCARS

The occurrence of hypertrophied scars and keloidal growths of the skin is of interest in all branches of medicine. The causation has been as obscure as the factors associated with the etiology of cancer.

Necessarily some trauma to the skin forms the background for the scar. The character of the resultant healing is a matter somewhat of conjecture. Previous perfect healing is of uncertain favorable prognostic value. A keloidal personal history, however, is markedly unfavorable, and a familial keloidal history is likely to prove an hereditary tendency. Pathologic examination of hypertrophied scar and keloidal tissue has disclosed little or no tangible difference from ordinary scar tissue.

Healing, *per se,* is of course influenced by the causative trauma, inflammation, infection, tension, suture material, antiseptics, pressure, etc. However, none of these have been found uniformly as the cause of permanent hypertrophied scar and keloidal involvement.

In June, 1933, in a paper read before the American Medical Association, the writer called attention to the interesting returns of a large number of minus basal metabolic readings in patients with hypertrophied scars and keloids. The fact that these patients improve with thyroid therapy has been a consolation to the surgeon. It is to be understood, however, that we have not reached Ehrlich's dream of a single dose of medicine correcting a condition at once, or anything like it.

A large percentage of our reconstructive plastic surgery cases with hypertrophied scars and keloids have benefited materially with one or two grains of thyroid substance, *per orem,* daily. Improvement is noticed within thirty to sixty days, but the medication may have to be carried on for an indefinite period. It is to be noted, in this type of patients who scar badly, that the glandular therapy also causes a marked improvement in the general physical and mental condition.

The basal metabolic rate offers perhaps the only easy method of determining functional glandular measurement in a patient, and clinical symptoms and observations evaluate the glandular status in others.

The consensus of medical opinion seems to be that the ductless glands are more or less dependent on one another. In calling attention to thyroid insufficiency as a factor in poor skin healing, we must think, then, of the possibility of poor healing in all subglandular cases. Skin healing may also offer a picture of internal healing following trauma. The earlier this type of patient is recognized before surgery and treatment are instituted, the better our results will be.

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TREATMENT OF MALIGNANT MELANOMAS

When one thinks of malignant melanomas, he is apt to look upon the victim as being doomed. Indeed, the five-year end results from a surgical standpoint are so depressing that such an attitude is probably justifiable. Thus, Broders and McCarty reported seventy cases in 1916, of which patients only 5.2 per cent lived for from four to eight years after surgical excision. Bloodgood reported 200 cases treated by surgery and the cautery, and only one lived five years. McCain saw six cases, and two lived five years after radiation alone. In a recent issue of *Acta Radiologica,*† Scharngel of New York City, who was studying at Radium Hammet in Stockholm, reports on eighty-one patients seen at that institution from January, 1921, to July, 1930. Here a technique of combined electrosurgery and radiation, either by radium or x-ray, has been evolved, which has resulted in a remarkably high percentage of five-year cures. Of the eighty-one patients seen, only seventy were actually treated; but by the technique they had evolved, 38.7 per cent were living over five years. Thirty-six of these patients had metastasis—nine living for three years, and four for five years. In view of these results, an extremely pessimistic viewpoint is not justifiable. Melanomas are very malignant, but by a combined electrosurgical and radiological technique many patients have almost a 40 per cent chance of a five-year survival.

These figures are very impressive, but represent a method of treatment which must be carried out with precision to accomplish such results. The electrosurgery is thorough, and the radiation therapy is pushed to the limit of tissue tolerance. The possession and use of a surgical diathermy unit and a fifty-milligram tube of radium in this condition is not enough; it requires experience in management and the use of massive amounts of radium up to two or three grams to accomplish the best results and to insure complete eradication and permanency of cure.

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* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

† Treatment of malignant melanomas of the skin and vulva. Acta Radiologica, Vol. XIV, No. 81, p. 473.